

EXHIBIT 19

ROBERT C. BARRETT, CPA
PO BOX 879
PINEHURST, NC 28370
(910) 295-4292

April 4, 2007

Audrey M. Butler
PO Box 519
Pinehurst, NC 28370

Dear Audrey,

Enclosed is your 2006 Federal Individual Income Tax Return. The original should be signed at the bottom of page two. There is a balance due of \$2,610.

Make your check payable to the "United States Treasury" and mail your Federal return with Form 1040-V payment voucher on or before April 17, 2007 to:

INTERNAL REVENUE SERVICE
P.O. BOX 105017
ATLANTA, GA 30348-5017

Enclosed is your 2006 North Carolina Individual Income Tax Return. The original should be signed at the bottom of page one. No tax is payable with the filing of this return.

Mail your North Carolina return on or before April 17, 2007 to:

N.C. DEPARTMENT OF REVENUE
P.O. BOX 25000
RALEIGH, NC 27640-0640

Please be sure to call if you have any questions.

Sincerely,

Bob

Robert C Barrett

Plaintiffs
Exhibit
19-A off to MTD

2006

Federal Income Tax Summary

Page 1

Audrey M. Butler

577-34-3818

	2006	2005	Diff
INCOME			
Interest income.....	10,488	7,739	2,749
Dividend income.....	883	1,108	-225
Capital gain or loss.....	0	4,289	-4,289
Taxable IRA distributions.....	8,021	8,081	-60
Taxable social security benefits.....	744	1,514	-770
Total income.....	20,136	22,731	-2,595
ADJUSTMENTS TO INCOME			
Total adjustments.....	0	0	0
Adjusted gross income.....	20,136	22,731	-2,595
ITEMIZED DEDUCTIONS			
Medical & dental.....	37,085	97	36,988
Taxes.....	4,241	4,259	-18
Contributions.....	500	2,513	-2,013
Total itemized deductions.....	41,826	6,869	34,957
TAX COMPUTATION			
Standard deduction.....	6,400	6,250	150
Larger of itemized or standard deduction.....	41,826	6,869	34,957
Income prior to exemption deduction.....	-21,690	15,862	-37,552
Exemption deduction.....	3,300	3,200	100
Taxable income.....	-24,990	12,662	-37,652
Tax before credits.....	0	998	-998
CREDITS			
Foreign tax credit.....	0	3	-3
Total credits.....	0	3	-3
Tax after credits.....	0	995	-995
OTHER TAXES			
Household employment taxes.....	2,640	0	2,640
Total tax.....	2,640	995	1,645
PAYMENTS			
Credit for federal telephone excise tax.....	30	0	30
Total payments.....	30	0	30
REFUND OR AMOUNT DUE			
Amount you owe.....	2,610	995	1,615
TAX RATES			
Marginal tax rate.....	0.0%	15.0%	-15.0%

19-B

2006

North Carolina Income Tax Summary

Page 1

Audrey M. Butler

577-34-3818

	2006	2005	Diff
FEDERAL TAXABLE INCOME			
Federal taxable income.....	-24,990	12,662	-37,652
ADDITIONS TO INCOME			
Deduction/exemption adjustment.....	1,424	1,261	163
Total additions.....	1,424	1,261	163
SUBTRACTIONS FROM INCOME			
S.S. / R.R. benefits.....	744	1,514	-770
Other retirement benefits.....	2,000	2,000	0
Total deductions.....	2,744	3,514	-770
TAX CALCULATION			
Taxable income.....	-26,310	10,409	-36,719
INCOME TAX CALCULATION			
Tax.....	0	626	-626
Total Taxes.....	0	626	-626
PAYMENTS AND CREDITS			
Credit for taxes paid to another state...	0	2	-2
Total credits.....	0	2	-2
Total payments and credits.....	0	2	-2
REFUND OR AMOUNT DUE			
Amount you owe.....	0	624	-624
TAX RATES			
Marginal tax rate.....	6.0%	6.0%	0.0%

19-C

2006

General Information

Page 1

Audrey M. Butler

577-34-3818

Forms needed for this return

Federal: 1040, 1040-V, Sch A, Sch B, Sch H, 1116
North Carolina: D-400

Tax Rates

Marginal

Federal	0.%
North Carolina	6.0%

Carryovers to 2007

Federal Carryovers

Foreign Tax Credit	31.
AMT Foreign Tax Credit	40.

19-D

File only if you are making a payment with Form 1040. Return this voucher with check or money order payable to the "United States Treasury." Please write your social security number, daytime phone number, and "2006 Form 1040" on your check or money order. Please do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Make your check payable to the "United States Treasury" and
mail Form 1040-V payments with your return to:

Internal Revenue Service
P.O. Box 105017
Atlanta, GA 30348-5017

Form 1040-V (2006)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2006

Form 1040-V Payment Voucher

- Use this voucher when making a payment with Form 1040.
- Do not staple this voucher or your payment to Form 1040.
- Make your check or money order payable to the 'United States Treasury.'
- Write your social security number (SSN) on your check or money order.

Enter the amount of your payment	►	2,610.
FDIA8601L 06/08/06		1030

AUDREY M. BUTLER
PO BOX 519
PINEHURST NC 28370

INTERNAL REVENUE SERVICE
P.O. BOX 105017
ATLANTA GA 30348-5017

577343818 LN BUTL 30 0 200612 610

19-E

Form 1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return

2006

(99) IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)**Use the IRS label.**
Otherwise, please print or type.**Presidential Election Campaign**

For the year Jan 1 - Dec 31, 2006, or other tax year beginning		, 2006, ending		20	OMB No. 1545 0074
Your first name		MI	Last name	Your social security number	
Audrey M. Butler				577-34-3818	
If a joint return, spouse's first name		MI	Last name	Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.				Apartment no.	You must enter your social security number(s) above. ▲
PO Box 519				Checking a box below will not change your tax or refund.	
City, town or post office. If you have a foreign address, see instructions.				State ZIP code	
Pinehurst, NC 28370				► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) ► <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse	

Filing Status

Check only one box.

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here ►

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ►

5 Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6b. Spouse.

Boxes checked on 6a and 6b. 1

No. of children on 6c who:

• lived with you. ▲

• did not live with you due to divorce or separation (see instrs) ▲

Dependents on 6c not entered above. ▲

Add numbers on lines above ▲ 1

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)
(1) First name	Last name			

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7
8a Taxable interest. Attach Schedule B if required	8a 10,488.
b Tax-exempt interest. Do not include on line 8a	8b
9a Ordinary dividends. Attach Schedule B if required	9a 883.
b Qualified dividends (see instrs)	9b 824.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10
11 Alimony received	11
12 Business income or (loss). Attach Schedule C or C-EZ	12
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13
14 Other gains or (losses). Attach Form 4797	14
15a IRA distributions	15a 15b 8,021.
16a Pensions and annuities	16a 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18 Farm income or (loss). Attach Schedule F	18
19 Unemployment compensation	19
20a Social security benefits	20a 14,190. b Taxable amount (see instrs)
21 Other income	21 744.
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22 20,136.

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853	23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25 Health savings account deduction. Attach Form 8889	25
26 Moving expenses. Attach Form 3903	26
27 One-half of self-employment tax. Attach Schedule SE	27
28 Self-employed SEP, SIMPLE, and qualified plans	28
29 Self-employed health insurance deduction (see instructions)	29
30 Penalty on early withdrawal of savings	30
31a Alimony paid b Recipient's SSN	31a
32 IRA deduction (see instructions)	32
33 Student loan interest deduction (see instructions)	33
34 Jury duty pay you gave to your employer	34
35 Domestic production activities deduction. Attach Form 8903	35
36 Add lines 23 - 31a and 32 - 35	36
37 Subtract line 36 from line 22. This is your adjusted gross income	37 0. 20,136.

Tax and Credits**Standard Deduction for —**

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

- All others: Single or Married filing separately, \$5,150

- Married filing jointly or Qualifying widow(er), \$10,300

- Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)	38	20,136.
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1942, if: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked ► 39a 1		
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here. ► 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	41,826.
41	Subtract line 40 from line 38	41	-21,690.
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d.	42	3,300.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251.	45	0.
46	Add lines 44 and 45	46	0.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880.	51	
52	Residential energy credits. Attach Form 5695.	52	
53	Child tax credit (see instructions). Attach Form 8901 if required	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	0.
58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137.	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	2,640.
63	Add lines 57-62. This is your total tax	63	2,640.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099.	64	
65	2006 estimated tax payments and amount applied from 2005 return.	65	
66a	Earned income credit (EIC).	66a	
b	Nontaxable combat pay election	66b	
67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see instructions)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required.	71	30.
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	30.

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid.	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. ► <input type="checkbox"/>	74a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
75	Amount of line 73 you want applied to your 2007 estimated tax.	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions.	76	2,610.
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?	<input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No
Designee's name ► Robert C Barrett	Phone no. ► 9102954292 Personal identification number (PIN) ► 12345

Sign Here

Joint return? See instructions.

Keep a copy for your records. ►

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature ► Robert C Barrett	Date 4-4-06	Check if self employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P00370148
Firm's name (or yours if self employed), address, and ZIP code ► PO Box 879 Pinehurst, NC 28370		EIN 56-1353490	Phone no. (910) 295-4292

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Audrey M. Butler

Itemized Deductions

► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2006

Attachment Sequence No. **07**

Your social security number
577-34-3818

Medical and Dental Expenses (See instructions.)	Caution. Do not include expenses reimbursed or paid by others.		
	1 Medical and dental expenses (see instructions)	2 Statement 2	1 38,595.
	2 Enter amount from Form 1040, line 38.	2 20,136.	3 1,510.
	3 Multiply line 2 by 7.5% (.075).		4 37,085.
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0.		
Taxes You Paid (See instructions.)	5 State and local income taxes.	5 624.	
	6 Real estate taxes (see instructions).	6 3,617.	
	7 Personal property taxes.	7	
	8 Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8.		9 4,241.
Interest You Paid (See instructions.)	10 Home mtg interest and points reported to you on Form 1098.	10	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►		
	12 Points not reported to you on Form 1098. See instrs for spcl rules.	12	
	13 Investment interest. Attach Form 4952 if required. (See instrs.).	13	
	14 Add lines 10 through 13.		14 0.
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	15 Gifts by cash or check. If you made any gift of \$250 or more, see instrs.	15	
	16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. See Statement 3	16	500.
	17 Carryover from prior year.	17	
	18 Add lines 15 through 17.		18 500.
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		19 0.
Job Expenses and Certain Miscellaneous Deductions (See instructions.)	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	20	
	21 Tax preparation fees.	21	250.
	22 Other expenses — investment, safe deposit box, etc. List type and amount ►	22	
	23 Add lines 20 through 22.	23	250.
	24 Enter amount from Form 1040, line 38.	24 20,136.	25 403.
	25 Multiply line 24 by 2% (.02).		
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0.		26 0.
Other Miscellaneous Deductions	27 Other — from list in the instructions. List type and amount ►		27 0.
Total Itemized Deductions	28 Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)?		
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.		28
	<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.		41,826.
	29 If you elect to itemize deductions even though they are less than your standard deduction, check here ►		

19 - H

Name(s) shown on Form 1040.

Your social security number

Audrey M. Butler

577-34-3818

Schedule B – Interest and Ordinary Dividends

Attachment
Sequence No. 08Part I
Interest(See instructions
for Form 1040,
line 8a.)

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address.

FIRST BANK
RBC CENTURA BANK
RBC CENTURA BANK
RBC DAIN RAUSCHER
RBC DAIN RAUSCHER OID

Amount

138.
3,540.
6,288.
47.
475.

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1. ► 2 10,488.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815. 3
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a. ► 4 10,488.

Note. If line 4 is over \$1,500, you must complete Part III.

5 List name of payer. ►

EXXON MOBIL CORPORATION
HAWAIIAN ELECTRIC INDUSTRIES INC
PEPSICO
QUALCOMM INC
RBC DAIN RAUSCHER
VERIZON COMMUNICATIONS
WAL-MART DE MEXICO S.A. DE C.V. ADR
WAL-MART STORES, INC.

Amount

145.
49.
12.
43.
334.
112.
37.
151.

Part II
Ordinary
Dividends(See
instructions for
Form 1040,
line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a. ► 5
6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a. ► 6 883.

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign
Accounts
and
Trusts(See
instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes

No

7a At any time during 2006, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1. ►

b If 'Yes,' enter the name of the foreign country. ►

8 During 2006, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions.

X

X

X

X

19 - I

Foreign Tax Credit

OMB No. 1545-0121

Department of the Treasury
Internal Revenue Service (99)(Individual, Estate, or Trust)
► Attach to Form 1040, 1040NR, 1041, or 990-T.
► See separate instructions.

2006

Attachment
Sequence No. 19

Name

Audrey M. Butler

Identifying number

577-34-3818

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a <input type="checkbox"/> Passive income	d <input type="checkbox"/> Shipping income	g <input type="checkbox"/> Lump-sum distributions
b <input type="checkbox"/> High withholding tax interest	e <input checked="" type="checkbox"/> Dividends from a DISC or former DISC	h <input type="checkbox"/> Section 901(j) income
c <input type="checkbox"/> Financial services income	f <input type="checkbox"/> Certain distributions from a foreign sales corporation (FSC) or former FSC	i <input type="checkbox"/> Certain income re-sourced by treaty

j <input type="checkbox"/> General limitation income
--

► k Resident of (name of country)

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			(Add columns A, B, and C.)
	A	B	C	
I Enter the name of the foreign country or U.S. possession	► VARIOUS			
1a Gross income from sources within country shown above and of the type checked above (see instructions):	55.			1a 55.
See Statement 4				
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	40,702.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	40,702.			
d Gross foreign source income (see instructions)	55.			
e Gross income from all sources (see instructions)	20,136.			
f Divide line 3d by line 3e (see instructions)	0.0027			
g Multiply line 3c by line 3f	110.			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use worksheet in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	110.			6 110.
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2				7 -55.

Part II Foreign Taxes Paid or Accrued (see instructions)

C O U N T R Y	(m) <input checked="" type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars					
		Taxes withheld at source on:		(s) Other foreign taxes paid or accrued	Taxes withheld at source on:		(t) Dividends	(u) Rents & royalties	(v) Interest	(w) Other foreign taxes paid or accrued	(x) Total foreign taxes paid or accrued (add columns (t) through (w))
(o) Date paid or accrued	(p) Dividends	(q) Rents & royalties	(r) Interest		(s) Other foreign taxes paid or accrued	(t) Dividends					
A						8.					8.
B											
C											

8 Add lines A through C, column (x). Enter the total here and on line 9, page 2

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 1116 (2006)

19 - J

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	8.	
10 Carryback or carryover (attach detailed computation)..... See Stmt. 5.	10	23.	
11 Add lines 9 and 10.....	11	31.	
12 Reduction in foreign taxes (see instructions).....	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit.....	13	31.	
14 Enter amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	14	-55.	
15 Adjustments to line 14 (see instructions).....	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19).....	16	-55.	
17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption.....	17		
<i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i>			
18 Divide line 16 by line 17. If line 16 is more than line 17, enter '1'.....	18		
19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37.....	19		
<i>Caution: If you are completing line 19 for separate category g (lump-sum distributions), see instructions.</i>			
20 Multiply line 19 by line 18 (maximum amount of credit).....	20		
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions)..... ►	21		

Part IV Summary of Credits From Separate Parts III (see instructions)

22 Credit for taxes on passive income	22		
23 Credit for taxes on high withholding tax interest.....	23		
24 Credit for taxes on financial services income.....	24		
25 Credit for taxes on shipping income.....	25		
26 Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC.....	26		
27 Credit for taxes on lump-sum distributions.....	27		
28 Credit for taxes on certain income re-sourced by treaty.....	28		
29 Credit for taxes on general limitation income.....	29		
30 Add lines 22 through 29.....	30		
31 Enter the smaller of line 19 or line 30.....	31		
32 Reduction of credit for international boycott operations. See instructions for line 12.....	32		
33 Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a. ►	33		

Alternative Minimum Tax

OMB No. 1545-0121

Foreign Tax Credit

2006

Department of the Treasury
Internal Revenue Service (99)(Individual, Estate, or Trust)
► Attach to Form 1040, 1040NR, 1041, or 990-T.
► See separate instructions.Attachment
Sequence No. 19Name **Audrey M. Butler** Identifying number **577-34-3818**Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

<input type="checkbox"/> a Passive income	<input type="checkbox"/> d Shipping income	<input type="checkbox"/> g Lump-sum distributions
<input type="checkbox"/> b High withholding tax interest	<input checked="" type="checkbox"/> e Dividends from a DISC or former DISC	<input type="checkbox"/> h Section 901(j) income
<input type="checkbox"/> c Financial services income	<input type="checkbox"/> f Certain distributions from a foreign sales corporation (FSC) or former FSC	<input type="checkbox"/> i Certain income re-sourced by treaty
<input type="checkbox"/> j General limitation income		

► k Resident of (name of country)

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

1 Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
	VARIOUS			
1a Gross income from sources within country shown above and of the type checked above (see instructions): See Statement 6	55.			1a 55.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	36,582.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	36,582.			
d Gross foreign source income (see instructions)	55.			
e Gross income from all sources (see instructions)	20,136.			
f Divide line 3d by line 3e (see instructions)	0.0027			
g Multiply line 3c by line 3f	99.			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use worksheet in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	99.			6 99.
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2				7 -44.

Part II Foreign Taxes Paid or Accrued (see instructions)

C O U N T R Y (m) <input checked="" type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
	In foreign currency				In U.S. dollars				
	Taxes withheld at source on:			(s) Other foreign taxes paid or accrued	Taxes withheld at source on:			(w) Other foreign taxes paid or accrued	(x) Total foreign taxes paid or accrued (add columns (t) through (w))
	(o) Date paid or accrued	(p) Dividends	(q) Rents & royalties		(t) Dividends	(u) Rents & royalties	(v) Interest		
A					8.				8.
B									
C									

8 Add lines A through C, column (x). Enter the total here and on line 9, page 2 ► 8 8.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 1116 (2006)

19 - L

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.....	9	8.	
10 Carryback or carryover (attach detailed computation)..... See Stmt. 7.	10	32.	
11 Add lines 9 and 10.....	11	40.	
12 Reduction in foreign taxes (see instructions).....	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit.....	13	40.	
14 Enter amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions).....	14	-44.	
15 Adjustments to line 14 (see instructions).....	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19).....	16	-44.	
17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption.....	17		
<i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i>			
18 Divide line 16 by line 17. If line 16 is more than line 17, enter '1'.....	18		
19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37.....	19		
<i>Caution: If you are completing line 19 for separate category g (lump-sum distributions), see instructions.</i>			
20 Multiply line 19 by line 18 (maximum amount of credit).....	20		
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions)..... ► 21	21		

Part IV Summary of Credits From Separate Parts III (see instructions)

22 Credit for taxes on passive income.....	22		
23 Credit for taxes on high withholding tax interest.....	23		
24 Credit for taxes on financial services income.....	24		
25 Credit for taxes on shipping income.....	25		
26 Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC.....	26		
27 Credit for taxes on lump-sum distributions.....	27		
28 Credit for taxes on certain income re-sourced by treaty.....	28		
29 Credit for taxes on general limitation income.....	29		
30 Add lines 22 through 29.....	30		
31 Enter the smaller of line 19 or line 30.....	31		
32 Reduction of credit for international boycott operations. See instructions for line 12.....	32		
33 Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a. ► 33	33		

SCHEDULE H
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Household Employment Taxes**(For Social Security, Medicare, Withheld Income, and
Federal Unemployment (FUTA) Taxes)

OMB No. 1545-1971

2006

► Attach to Form 1040, 1040NR, 1040-SS, or 1041.
► See separate instructions.

Attachment
Sequence No. **44**

Name of employer

Audrey M. Butler

Social security number

577-34-3818

Employer identification number

20-8710335

A Did you pay **any one** household employee cash wages of \$1,500 or more in 2006? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

Yes. Skip lines B and C and go to line 1.
 No. Go to line B.

B Did you withhold federal income tax during 2006 for any household employee?

Yes. Skip line C and go to line 5.
 No. Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2005 or 2006 to **all** household employees? (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

No. **Stop.** Do not file this schedule.
 Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2006 do not have to complete this form for 2006).

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see instructions).....	1	16,464.
2	Social security taxes. Multiply line 1 by 12.4% (.124).....	2	2,042.
3	Total cash wages subject to Medicare taxes (see instructions).....	3	16,464.
4	Medicare taxes. Multiply line 3 by 2.9% (.029).....	4	477.
5	Federal income tax withheld, if any.....	5	
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5).....	6	2,519.
7	Advance earned income credit (EIC) payments, if any.....	7	
8	Net taxes (subtract line 7 from line 6).....	8	2,519.

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2005 or 2006 to household employees? (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

No. **Stop.** Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions.

Yes. Go to line 10 on page 2.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Schedule H (Form 1040) 2006

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10	X	
11	X	
12	X	

10 Are you required to pay unemployment contributions to only one state?.....
 11 Did you pay all state unemployment contributions for 2006 by April 16, 2007? Fiscal year filers, see instructions.....
 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?.....

Next: If you checked the 'Yes' box on all the lines above, complete Section A.
 If you checked the 'No' box on any of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions	► NC		
14 State reporting number as shown on state unemployment tax return	► 04-22-115		
15 Contributions paid to your state unemployment fund (see instructions).....	15	198.	
16 Total cash wages subject to FUTA tax (see instructions).....	16	15,076.	
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26.....	17	121.	

Section B

18 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply column (c) by .054	(g) Multiply column (c) by column (e)	(h) Subtract column (g) from column (f). If zero or less, enter -0.	(i) Contributions paid to state unemployment fund
			From	To					

19 Totals.....	19		
20 Add columns (h) and (i) of line 19.....	20		
21 Total cash wages subject to FUTA tax (see the line 16 instructions).....	21		
22 Multiply line 21 by 6.2% (.062).....	22		
23 Multiply line 21 by 5.4% (.054).....	23		
24 Enter the smaller of line 20 or line 23.....	24		
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26.....	25		

Part III Total Household Employment Taxes

26 Enter the amount from line 8. If you checked the 'Yes' box on line C of page 1, enter -0-.....	26	2,519.
27 Add line 17 (or line 25) and line 26.....	27	2,640.

28 Are you required to file Form 1040?

Yes. Stop. Enter the amount from line 27 above on Form 1040, line 62.
 Do not complete Part IV below.

No. You may have to complete Part IV. See instructions.

Part IV Address and Signature — Complete this part only if required. See the line 28 instructions.

Address (number and street) or P.O. box if mail is not delivered to street address

Apt, room, or suite number

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

► Employer's signature

► Date

19-0

Audrey M. Butler

577-34-3818

Statement 5
Form 1116, Line 10
Foreign Tax Credit Carryovers

Dividends from a DISC

	Foreign Taxes Paid	Foreign Taxes Disallowed	Foreign Taxes Claimed	Foreign Tax Credit Carryover
2005 Foreign tax credit	8.	0.	3.	5.
2004 Foreign tax credit	6.	0.	2.	4.
2003 Foreign tax credit	5.	0.	2.	3.
2002 Foreign tax credit	0.	0.	0.	11.
2001 Foreign tax credit	0.	0.	0.	0.
2000 Foreign tax credit	0.	0.	0.	0.
1999 Foreign tax credit	0.	0.	0.	0.

Total Foreign Tax Credit Carryover - Form 1116, Line 10

\$ 23.

Statement 6
Form 1116, Line 1a - Dividends from a DISC (AMT)
Gross Income From Sources Outside U.S.

Dividends	-220.
Gross Foreign Source Qualified Dividends	275.
Net Foreign Source Qualified Dividends	275.
Total \$ <u>55.</u>	

Statement 7
Form 1116, Line 10
Foreign Tax Credit Carryovers

Dividends from a DISC - AMT

	Foreign Taxes Paid	Foreign Taxes Disallowed	Foreign Taxes Claimed	Foreign Tax Credit Carryover
2005 Foreign tax credit	8.	0.	0.	8.
2004 Foreign tax credit	6.	0.	0.	6.
2003 Foreign tax credit	5.	0.	0.	5.
2002 Foreign tax credit	0.	0.	0.	13.
2001 Foreign tax credit	0.	0.	0.	0.
2000 Foreign tax credit	0.	0.	0.	0.
1999 Foreign tax credit	0.	0.	0.	0.

Total Foreign Tax Credit Carryover - Form 1116, Line 10

\$ 32.

19 - P

For calendar year 2006, or other tax year starting _____ and ending _____												NC Public Campaign Fund			
AUDREY M BUTLER PO BOX 519 PINEHURST NC 28370 MOORE												Select 'Yes' if you want to designate \$3 of taxes to this special Fund for voter education materials and for candidates who accept spending limits. Selecting 'Yes' does not change your tax or refund.			
Filing Status		Year spouse died:		<input type="checkbox"/> Select box if you or your spouse were out of the country on April 15 and a U.S. citizen or resident.		Number of Exemptions Claimed: 01		<input type="checkbox"/> Return for deceased taxpayer <input type="checkbox"/> Date of death: <input type="checkbox"/> Return for deceased spouse <input type="checkbox"/> Date of death:		You <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Married Filing Jointly <input type="checkbox"/> 3 Married Filing Separately <input type="checkbox"/> 4 Head of Household <input type="checkbox"/> 5 Widow(er) with Dependent Child				<input type="checkbox"/> Select box if return is filed and signed by Executor or Administrator.						Your Spouse <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Select box if you or your spouse were a nonresident of NC for the entire year.												NC Political Parties Financing Fund			
Select box if you or your spouse moved into or out of NC during the year.												Select appropriate box if you want to designate \$3 to this fund. Your tax remains the same whether or not you make a designation.			
For Computer Use Only												You <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Unspecified			
FS	1	EX	01	PP	Y	DT	N	DS	N	OC	N	EA	N		
BUTL		PO B	28370			NRT	N	NRS	N	PYT	N	PYS	N		
AUDREY				M BUTLER				577343818				PCT	Y	PFT	0
PO BOX 519												PINEHURST		NC	28370
AGI	20136	20C		0	30	3750	42			0					
06	-24990	20D		0	32	624	43			2000					
07	1424	22A		0	33	624	44			0					
09	2744	22C		0	34	800	45			0					
15	0	EU			35	0	46			0					
17	0	23		0	36	0	48			0					
19A	0	25		0	37	0	49			0					
19B	0	26		0	39	0									
20A	0	28		0	40	0									
20B	0	29		41826	41	744									
TN		PN	9102954292		PP	P00370148	NCDOR Use Only								

Sign Return Below

Refund Due

Payment Due

I certify that, to the best of my knowledge, this return is accurate and complete.

If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.

Your Signature

Date _____

Spouse's Signature (If filing joint return, both must sign.)

Date _____

ROBERT C. BARRETT

4-4-06

Paid Preparer's Signature

Date

P00370148

(910) 295-4292

Paid Preparer's FEIN, SSN, or PTIN

Paid Preparer's Telephone Number

If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, NC 27640-0640.

If REFUND mail to: NCDOR P.O. Box B, Raleigh, NC 27634-0001

NCI-A2121 12/12/06

19-0

D-400 Line-by-Line Information

AGI Federal Adjusted Gross Income	AGI	20136	Additions to Federal Taxable Income	
6 Taxable Income from Federal Return	6.	-24990	29 Itemized deductions or standard deduction from your federal return	29.
7 Additions to Federal Taxable Income	7.	1424		41826
8 Add Lines 6 and 7	8.	-23566	30 N.C. standard deduction	
9 Deductions from Federal Taxable Income	9.	2744	Single \$3,000; Head of household \$4,400; Qualifying widow(er) \$6,000; Married filing jointly \$6,000; Married filing separately: If your spouse does NOT claim itemized deductions \$3,000; If your spouse claims itemized deductions \$0	
10 Line 8 minus Line 9	10.	-26310	NOTE: If 65 or older or blind or if someone can claim you as a dependent, see worksheet	30.
11 Same as Line 10	11.	-26310		3750
12 Part-year residents and nonresidents	12.	0.0000	31 Line 29 minus line 30 – Amount cannot be less than zero	31.
13 N.C. Taxable Income	13.	-26310	32 State, local, and foreign income taxes or general sales taxes	32.
14 N.C. Income Tax	14.	0		624
15 Tax Credits	15.	0	33 If standard deduction, enter amount from Line 31. If itemizing, enter Line 31 or 32, whichever is less	33.
16 Line 14 minus Line 15	16.	0	34 Personal exemption adjustment	34.
17 Consumer Use Tax	17.	0	35 Interest income from other states	35.
18 Add Lines 16 and 17	18.	0	36 Adjustment for domestic production activities (See instructions)	36.
North Carolina Income Tax Withheld			37 Other federal taxable income additions	37.
19a Your Income Tax Withheld	19a.	0	38 Total additions	38.
19b Spouse's Income Tax Withheld	19b.	0		1424
Other Tax Payments			Deductions from Federal Taxable Income	
20a 2006 Estimated Tax	20a.	0	39 State or local income tax refund	39.
20b Paid with Extension	20b.	0	40 Interest income from obligations of US or US' possessions	40.
20c Partnership	20c.	0	41 Social Security and Railroad Retirement Benefits	41.
20d S Corporation	20d.	0	42 Bailey settlement retirement benefits	42.
21 Add Lines 19a through 20d	21.	0	43 Other retirement benefits	43.
22a If Line 18 is more than Line 21, subtract and enter the result	22a.	0	44 Severance wages	44.
22b Penalties and interest	22b.	0	45 Adjustment for additional first-year depreciation added back in 2002, 2003, and 2004 (See instructions)	45.
EU Exception to underpayment of estimated tax	EU		46 Other federal taxable income deductions	46.
22c Underpayment of estimated income tax	22c.	0	47 Total deductions	47.
23 Pay this Amount	23.	0		2744
24 If Line 18 is less than Line 21, subtract and enter the result	24.	0	Nonresidents and Part-Year Residents	
Amount of Refund to Apply to:			48 NC source income while a nonresident and all income while a part-year NC resident	48.
25 Amount of Line 24 to be applied to 2007 Estimated Income Tax	25.	0	49 Total income from all sources	49.
26 N.C. Nongame and Endangered Wildlife Fund	26.	0	50 Divide Line 48 by Line 49	50.
27 Add Lines 25 and 26	27.	0		0.0000
28 Amount to be Refunded	28.	0	N.C. Residency Dates for Part-Year Residents	
			Beginning	Ending
			Taxpayer:	
			Spouse:	

This page must be filed with the first page of this form.

NCIA0312L 12/19/06

19-R

**ROBERT C. BARRETT, CPA
25 COMMUNITY ROAD
PO BOX 879
PINEHURST, NC 28370**

April 4, 2007

Patricia
~~Barbara~~ Guin
613 Macon Place
Raleigh, NC 27609

Dear Mrs. Guin:

Enclosed are the payroll forms for the fourth quarter of 2006 inclusive of the W2s and W3. These forms need to be mailed immediately to the respective agencies of which envelopes are enclosed. There is an amount due to the Employment Security Commission in the amount of \$197.57 for the quarter ending 12/31/07. There is also an amount due for the quarter ending 3/31/07 in the amount of \$254.44. These need to be mailed with separate checks. The red copies of the W2 and W3 need to be mailed in the envelope provided.

You will be receiving a packet from the Employment Security Commission some time soon. Please forward it to us as it contains information we will need to file future returns.

Please feel free to call should you have any questions.

Sincerely

Bridget

Bridget Gulka
Tax Assistant

19 - S

DO NOT STAPLE

a Control number	33333	For Official Use Only ► OMB No. 1545-0008				
b Kind of Payer	941 CT-1 X	Military Hshld. emp. X	943 Medicare govt. emp. X	944 Third-party sick pay X	1 Wages, tips, other compensation 17723.49	2 Federal income tax withheld
c Total number of Forms W-2	3	d Establishment number		3 Social security wages 16464.00	4 Social security tax withheld 1020.76	
e Employer identification number (EIN)	20-8710335			5 Medicare wages and tips 16464.00	6 Medicare tax withheld 238.73	
f Employer's name	-----AUDREY-M. BUTLER-----			7 Social security tips 13 Advance EIC payments	8 Allocated tips	
613 MACON PLACE				11 Nonqualified plans 13 For third-party sick pay use only	10 Dependent care benefits 12 Deferred compensation	
RALEIGH NC 27609				14 Income tax withheld by payer of third-party sick pay		
g Employer's address and ZIP code						
h Other EIN used this year						
15 State	Employer's state ID number			16 State wages, tips, etc. 17723.49	17 State income tax	
NC				18 Local wages, tips, etc.	19 Local income tax	
Contact person				Telephone number ()	For Official Use Only	
BARBARA GUIN				Fax number ()		
Email address						

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ►

Title ► DAUGHTER

Date ►

Form W-3 Transmittal of Wage and Tax Statements**2006**39-1908847 Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration.
Photocopies are not acceptable.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

What's New

New checkbox for box b on Form W-3. Use the "944" checkbox in box b if you file Form 944, Employer's Annual Federal Tax Return. Form 944 for 2006 is a newly developed form.

Magnetic media filing is discontinued. The Social Security Administration (SSA) will no longer accept any magnetic media reporting of Forms W-2.

Reminder

Separate Instructions. See the 2006 Instructions for Forms W-2 and W-3 for information on completing this form.

Purpose of Form

Use Form W-3 to transmit Copy A of Form(s) W-2, Wage and Tax Statement. Make a copy of Form W-3 and keep it with Copy D (For Employer) of Form(s) W-2 for your records. Use Form W-3 for the correct year. **File Form W-3 even if only one Form W-2 is being filed.** If you are filing Form(s) W-2 electronically, do not file Form W-3.

When To File

File Form W-3 with Copy A of Form(s) W-2 by February 28, 2007.

Where To File

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration
Data Operations Center
Wilkes-Barre, PA 18769-0001**

Note. If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

19-T

a Control number 1	22222	Void <input type="checkbox"/>	For Official Use Only ► OMB No. 1545-0008			
b Employer identification number (EIN) 20-8710335			1 Wages, tips, other compensation 5425.56		2 Federal income tax withheld 5425.56	
c Employer's name, address, and ZIP code AUDREY M. BUTLER 613 MACON PLACE RALEIGH NC 27609			3 Social security wages 5040.00		4 Social security tax withheld 312.48	
			5 Medicare wages and tips 5040.00		6 Medicare tax withheld 73.08	
			7 Social security tips		8 Allocated tips	
d Employee's social security number 681-01-7065			9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial MARY	Last name CHEGE	Suff.	11 Nonqualified plans		12a See instructions for box 12	
			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b
			14 Other		12c	
					12d	
f Employee's address and ZIP code 4230 LYNN POINT LANE APT F RALEIGH NC 27613						
15 State NC	Employer's state ID number 5425.56	16 State wages, tips, etc. 5425.56	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

W-2 Wage and Tax Statement

2006

39-1908847 Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

Copy A For Social Security Administration — Send this entire page with
Form W-3 to the Social Security Administration; photocopies are not acceptable.

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

a Control number 2	22222	Void <input type="checkbox"/>	For Official Use Only ► OMB No. 1545-0008			
b Employer identification number (EIN) 20-8710335			1 Wages, tips, other compensation 9029.68		2 Federal income tax withheld 9029.68	
c Employer's name, address, and ZIP code AUDREY M. BUTLER 613 MACON PLACE RALEIGH NC 27609			3 Social security wages 8388.00		4 Social security tax withheld 520.05	
			5 Medicare wages and tips 8388.00		6 Medicare tax withheld 121.63	
			7 Social security tips		8 Allocated tips	
d Employee's social security number 239-66-5495			9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial ELsie	Last name MCKEITHAN	Suff.	11 Nonqualified plans		12a See instructions for box 12	
			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b
			14 Other		12c	
					12d	
f Employee's address and ZIP code 511 E. MARTIN ST APT 206 RALEIGH NC 27601						
15 State NC	Employer's state ID number 9029.68	16 State wages, tips, etc. 9029.68	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

W-2 Wage and Tax Statement

2006

39-1908847 Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

Copy A For Social Security Administration — Send this entire page with
Form W-3 to the Social Security Administration; photocopies are not acceptable.

19-11

BW2FED NTF 2562982A

a Control number 3	22222	Void <input type="checkbox"/>	For Official Use Only ► OMB No. 1545-0008		
b Employer identification number (EIN) 20-8710335			1 Wages, tips, other compensation 3268.25	2 Federal income tax withheld	
c Employer's name, address, and ZIP code AUDREY M. BUTLER 613 MACON PLACE			3 Social security wages 3036.00	4 Social security tax withheld 188.23	
			5 Medicare wages and tips 3036.00	6 Medicare tax withheld 44.02	
			7 Social security tips	8 Allocated tips	
d Employee's social security number 408-58-9627			9 Advance EIC payment	10 Dependent care benefits	
e Employee's first name and initial CARRIE J.	Last name WEBB	Suff.	11 Nonqualified plans	12a See instructions for box 12	
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	
			14 Other	12c	
f Employee's address and ZIP code 1741 MOORE MOUNTAIN RD PITTSBORO NC 27312				12d	
15 State Employer's state ID number NC	16 State wages, tips, etc. 3268.25	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

W-2 Wage and Tax Statement

2006

39-1908647 Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

Copy A For Social Security Administration — Send this entire page with
Form W-3 to the Social Security Administration; photocopies are not acceptable.

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

a Control number 22222	Void <input type="checkbox"/>	For Official Use Only ► OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld	
			5 Medicare wages and tips	6 Medicare tax withheld	
			7 Social security tips	8 Allocated tips	
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits	
e Employee's first name and initial CARRIE J.	Last name WEBB	Suff.	11 Nonqualified plans	12a See instructions for box 12	
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	
			14 Other	12c	
f Employee's address and ZIP code				12d	
15 State Employer's state ID number NC	16 State wages, tips, etc. 3268.25	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

W-2 Wage and Tax Statement

2006

39-1908647 Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

Copy A For Social Security Administration — Send this entire page with
Form W-3 to the Social Security Administration; photocopies are not acceptable.

19-1

